

Virginia Commission on Youth
Study of Barriers to Kinship Care in Virginia
Advisory Group

House Room 3
The Capitol
July 7, 2010
1:00 p.m.

MINUTES

Members Attending:

Delegate Mamye BaCote, Delegate Robert Brink, Delegate Mark Cole, Delegate Christopher Peace, Delegate Anne Crockett-Stark, Janet Areson, Amber Allen for Michelle Cowling, Lisa Banks, Cynthia Cave, Betty Wade Coyle, Kathy Dial, Lelia Baum Hopper, Regina Hurt, Christine Marra, Ashaki McNeil, Ellen Nau, Molly Huffstetler, Pamela Fisher, Charlotte McNulty, Joy Myers, Alberta Person, Ann Rasmussen for Mary Dunne Stewart, Sarah Smalls, Sherri Walker-Thacker, Catherine Hancock, Katherine Hunter, Adalay Wilson, Betty Jo Zarris

Members Absent:

Senator Yvonne Miller, Senator Edward Houck, Dean Lynch

Participating Electronically:

Patty Bailey

Staff Attending:

Amy M. Atkinson, Leah Hamaker, Lindsey Strachan

Welcome and Introductions

Study Overview

Amy M. Atkinson, Executive Director

Ms. Atkinson welcomed the Advisory Group and shared information as to how the Commission received the study. She stated that the work plan for the study was adopted by the Commission at its April 21, 2010 meeting. She informed the Advisory Group that much of the work would take place during the late summer and fall. Draft recommendations will be developed with the assistance of the Advisory Group and presented to the Commission in November or December. Ms. Atkinson stated that staff would need to accomplish the activities outlined in the study work plan by the summer and fall.

Ms. Atkinson asked that the Advisory Group members introduce themselves. She then turned the meeting over to Ms. Zarris for an update on activities in the Executive Branch.

Overview of Kinship Care Activities

*Betty Jo Zarris, Assistant Director, Division of Family Services
Virginia Department of Social Services*

Ms. Zarris shared with the Advisory Group that Family Engagement is what the Department of Social Services (DSS) is working towards and reviewed the Practice Model for Family Engagement. The Practice Model includes attention to Family Meetings, Family Search, Family Support and Kinship Care, all making efforts towards permanency planning.

Ms. Zarris then described the two types of kinship care arrangements, formal and informal. Ms. Zarris noted that, while the DSS was involved in formal kinship care arrangements, there was little involvement in private, informal kinship arrangements.

The Advisory Group discussed subsidized custody arrangements and independent living placements. Subsidized custody arrangements occur if a relative foster parent enters into such an agreement. If the agreement is approved, the relative is the child's legal custodian. If the child is 12 years of age or older, they must also consent to this agreement. It was noted that in these cases, DSS already had as a primary goal placement of the child with a relative and that children in permanent foster care could be moved to subsidized custody arrangements.

The Division of Child Protective Services strives to locate families who may have established informal foster care arrangements and track repeated reports of informal arrangements but, if a case is not open, there is no record as to what happens in these circumstances.

Ms. Zarris noted that family members have the perception that involving the Commonwealth in the care of the absent parent's child indicates they have given up hope on the parent's future ability to care for the child. Ms. Zarris noted that caregivers in informal kinship care arrangements may apply for state assistance (TANF), but there is no child welfare involvement unless the family requests services for the child. Accordingly, it is extremely difficult to gather data on informal kinship care where there is no Department involvement.

Ms. Zarris told the group of the fall 2009 study conducted by the Division of Family Services' Outcome Based Reporting and Analysis Unit (OBRA). This study measured the number of children diverted from foster care, as well as the barriers to placing children in kinship care. Fictive kin was discussed and defined as an individual who was close with the family but not a relative, such as a coach or a neighbor. A promising outcome, Ms. Zarris noted, is that the child has an established relationship with a caring adult with whom they could remain in contact and call when they make a good grade, to cheer them at graduation or to walk the young person down the aisle.

It was noted there were better outcomes for the child if they were placed with family. Ms. Zarris stated that relative foster care was about 5% of placements. Values regarding paying relatives to care for "their" children and the notion that the "apple doesn't fall far from the tree" were expressed as barriers to placing more children in kinship care. Moreover, it was difficult to approve relatives who had a relative living in the home who may have committed a barrier crime or if there was an unmarried couple. It was discussed that staff should investigate these issues to see if solutions could be offered. Foster care should be perceived as an investment rather than a subsidy. It is important that families receive help in caring for children in their care. This may mean additional resources or information about accessing resources, not just financial resources. A major barrier is accessing health care services for the child.

A question was asked about children who were cared for by families out-of-state and whether they were tracked via the Interstate Compact. It was noted that this only occurred if the child was in a formal foster care arrangement.

Other concerns were discussed, such the approval process for qualifying a relative for foster care; they are made to jump through multiple hoops and the Commonwealth may not want to require these families to jump through these hoops and subject them to the red tape. It was discussed that recommendations be developed which acknowledged this concern.

Overview of Kinship Care Activities

Ellen M. Nau, Human Services Program Coordinator

Virginia Department of Aging

According to the 2007 AARP Report, 6 million children are living in households headed by grandparents or other relatives. There are 2.5 million grandparents responsible for grandchildren living with them. In Virginia, 107,602 children live in grandparent-headed households; 31,076 children live in households headed by other relatives; 56,663 of children live in grandparent or other relative households do not have a parent present; and 59,464 grandparents report that they are responsible for their grandchildren living with them.

In Virginia, 71% of the grandparents raising children are under the age of 60; 15% of these grandparents also live in poverty. Virginians over the age of 60 are eligible for a variety of services available at the local Area Agencies on Aging sponsored by the Administration on Aging, the Virginia Respite Care Initiative Program and the Care Coordination for Elderly Virginians Program. The National Family Caregiver Support Program through the Title III E *Older Americans Act* provides funding for caregivers who are informal providers of in-home care to a child or individual with a severe disability. Federal law permits the use of 10% of the total federal and non-federal share to provide support services to grandparents and individuals aged 55 and over who are relative caregivers of a child under 18 years of age.

Ms. Nau informed the Advisory Group that there were 25 Area Agencies on Aging (AAA) in Virginia. One AAA uses Title III E funding to help grandparents raising grandchildren.

Programs available to caregivers under Title III E are:

- Information to caregivers about available services;
- Assistance to caregivers in gaining access to services;
- Individual counseling, organization of support groups, caregiver training;
- Respite care;
- Supplemental services; and
- Cash and Counseling.

Ns. Nau discussed the Relatives as Parents Program (RAPP) in Virginia. The Brookdale Foundation Relatives as Parents Program is administered by the Department of Aging. Grants are awarded and to be spent in the first two years of the grant. RAPP has been an ongoing initiative in Virginia and works to educate Virginia social service agencies about the needs of kinship care families and provides a state-specific handbook, *Grandparents Caring for Grandchildren: A Resource Guide*. This is a resource guide for grandparents in Virginia who are caring for their grandchildren. The guide is distributed to grandparents through support groups and other organizations. Virginia also has a Kinship Care Initiative Statewide Kinship Care Task Force and Information Network which meets quarterly for educational programs and exchange of ideas.

Ms. Nau then discussed the barriers to Kinship Care that were most frequently identified in her work and also by her partners. They include the following:

- Lack of funding for support system for caregivers;

- Isolation of caregivers in rural areas;
- Great disparity in supportive systems across Virginia;
- Low funding for programs; poverty and lack of resources;
- Childcare needs;
- Healthcare;
- Mental health counseling issues;
- Housing and transportation needs;
- Lack of knowledge on the part of kinship caregivers of what resources are available to them;
- Legal aid; and
- Attitudes:
 - “The apple doesn’t fall far from the tree.”
 - “Families should take care of each other.”
 - “I do not want the government involved with my family.”

The Advisory Group discussed the National Family Caregiver Support Program under Title III-E and discussed the possibility of budget language to mandate support of this program. The Advisory Group also discussed reviewing local plans of the AAAs to see how the 25 AAAs provide services to grandparents or older citizens raising children. Another identified issue was how families could identify services such as access to health insurance programs e.g., Medicaid or FAMIS, Child-Only TANF, and a “warm line”.

Barriers to Kinship Care

Advisory Group Discussion

The Advisory Group then discussed barriers to placing children in kinship care in Virginia. All of the barriers identified at the Advisory Group meeting are outlined below.

- Attitudes about kinship care are not always positive.
 - “The apple doesn’t fall far from the tree.”
 - “Families should take care of their kin.”
 - “Families do not want government involvement.”
- Accessing resources for relatives raising children is difficult.
 - Resources, not money, are needed for families raising children.
 - Health insurance for the child and child care services are identified needs of many relative caretakers.
 - Family members/grandparents need assistance about understanding their options because many simply are unaware that support is available.
 - Schools and social services are isolated, creating a barrier for children in need of services.
- Funding kinship care is not always perceived as an investment. This is also tied to attitudes regarding families taking care of their families.
 - Child-only TANF is available to families with informal kinship care arrangements. However, these families may not know about this or other resources that are available to them.
 - Funding for kinship care services for relative caregivers is less costly in the long-run because the child has a greater likelihood of being successful in life versus experiencing less successful and more costly outcomes (e.g., dropping out of school or being incarcerated) can be avoided.
 - The Commonwealth may need to be prepared to step in and provide assistance when the families can no longer afford to take care of their own.
 - There is not a “one size fits all” solution.

- There is no data on the number of informal kinship care arrangements in Virginia.
 - It is extremely difficult to gather data on informal kinship care where there is no Department involvement.
 - DSS is currently collecting data on informal kinship care.
- Barrier crime laws In Virginia may be overly restrictive.
 - Relatives pursuing formal kinship care must undergo criminal background checks identical to foster care families.
 - Burglary and possession are the main concerns for foster care, because both are lifetime bans.
 - Relatives may be barred from formal kinship care because of a drug charge that occurred while they were young. The relative may have not had any other law enforcement activity since and be a productive citizen.
 - There is no data available regarding which barrier crime look-back period is most effective (e.g., 5 years versus 20 years for certain crimes).
 - Elimination of the ban is not the best option, but the creation of a review process could be beneficial.
 - One approach that can be studied is reducing the look-back period on certain crimes from lifetime to 10 or 20 years.

The Advisory Group agreed that staff would compile a listing of action items for evaluation by the Advisory Group to assist in the development of policy recommendations. Ms. Atkinson stated that this could be done for the next Advisory Group meeting.

Adjournment

The meeting adjourned. Ms. Atkinson advised the Advisory Group that information about future Advisory Group and Subcommittee meetings would be sent via email. These meetings could also be electronic meetings, where the members could participate via conference call. She thanked the members for their assistance and suggestions.

This is an electronic meeting at the following location:

Mountain Empire Older Citizens
 1501 3rd Avenue East - Big Stone Gap, Virginia
 276-523-4202